

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Cinryze is a C1 esterase inhibitor indicated for routine prophylaxis against angioedema attacks in adults, adolescents, and pediatric patients (6 years of age and older) with Hereditary Angioedema (HAE).						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 898 1511 1045"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0598</td> <td>Cinryze (C-1 esterase inhibitor [human])</td> <td>Billing unit: 10 units 500-unit SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0598	Cinryze (C-1 esterase inhibitor [human])	Billing unit: 10 units 500-unit SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025